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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2010-239

13 **JILL LIMONOFF, AKA**
14 **JILL RENEE LIMONOFF, AKA**
15 **JILL RENEE VANVORHEES, AKA**
16 **JILL RENEE VANVORHEES LIMONOFF**
17 **798 Wildcat Canyon Road**
18 **Berkeley, California 94708**
19 **Registered Nurse License No. 513221**

A C C U S A T I O N

Respondent.

20 Complainant alleges:

PARTIES

21 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
22 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
23 of Consumer Affairs.

24 2. On or about July 26, 1995, the Board of Registered Nursing issued Registered
25 Nurse License Number 513221 to Jill Limonoff, also known as Jill Renee Limonoff, also known
26 as Jill Renee Vanvorhees, and also known as Jill Renee Vanvorhees Limonoff (Respondent).
27 The Registered Nurse License was in full force and effect at all times relevant to the charges
28 brought herein, and expired on February 28, 2009.

3. In a disciplinary action entitled "In the Matter of Accusation Against JILL RENEE LIMONOFF, AKA JILL RENEE VANVORHESS, AKA JILL RENEE VANVORHEES LIMONOFF," Case No. 2001-228, the Board of Registered Nursing issued a decision, effective March 12, 2003, in which Respondent's Registered Nurse License was revoked. However, the revocation was stayed and Respondent was placed on probation for a period of two (2) years with certain terms and conditions. (A copy of that decision is attached as Exhibit A and is herein incorporated by reference.)

JURISDICTION

4. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

STATUTORY PROVISIONS

5. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

6. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the Code, the Board may renew an expired license at any time within eight years after the expiration.

7. Section 2761(a) of the Code states, in pertinent part, that the Board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for unprofessional conduct, which includes, but is not limited to certain enumerated conduct.

8. Section 2762 of the Code states, in pertinent part, that “[i]n addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

/ / /

1 "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed
2 physician and surgeon, dentist, or podiatrist, administer to himself or herself, or furnish or
3 administer to another, any controlled substance as defined in Division 10 (commencing with
4 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as
5 defined in Section 4022.

6 "(b) Use any controlled substance as defined in Division 10 (commencing with Section
7 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in
8 Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to
9 himself or herself, any other person, or the public or to the extent that such use impairs his or her
10 ability to conduct with safety to the public the practice authorized by his or her license.

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12 "(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in
13 any hospital, patient, or other record pertaining to the substances described in subdivision (a) of
14 this section."

15 9. Section 11173(a) of the Health and Safety Code states that no person shall obtain or
16 attempt to obtain controlled substances, or procure or attempt to procure the administration of or
17 prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge, or
18 (2) by the concealment of a material fact.

19 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
20 administrative law judge to direct a licentiate found to have committed a violation or violations of
21 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
22 enforcement of the case.

23 DRUGS

24 11. "Demerol," a brand of meperidine hydrochloride, a derivative of pethidine, is a
25 Schedule II controlled substance as designated by Health and Safety Code section 11055(c)(17),
26 and is a dangerous drug within the meaning of Code section 4022.

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12. "Midazolam," also known as Versed, is a Schedule IV controlled substance as designated by Health and Safety Code section 11057(d), and is a dangerous drug within the meaning of Code section 4022.

13. "Fentanyl" is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (c)(8) and is a dangerous drug pursuant to Code section 4022.

FIRST CAUSE FOR DISCIPLINARY ACTION

(Falsify, Make Incorrect, Inconsistent, or Unintelligible Entries In Patient/Hospital

Records Pertaining to Controlled Substances or Dangerous Drugs)

14. Respondent has subjected her license to disciplinary action under section 2761(a) of the Code on the grounds of unprofessional conduct, as defined by Code section 2762(e), in that while employed as a registered nurse in the GastroIntestinal (GI) Clinic at Kaiser Medical Center in Oakland, California, she made grossly incorrect, or grossly inconsistent entries in hospital or patient records pertaining to controlled substances and/or dangerous drugs in the following respects:

a. Patient 1:

A review of the Kaiser Medical Center records revealed that Patient 1 does not exist.

On August 25, 2006, Respondent removed from the medication cart 100 mg (2 x 50 mg Carpujects) of Meperidine. The count prior to Respondent's removing the medication from the medication cart was thirty Carpujects. Respondent documented an ending count of twenty-eight, and failed to chart administration or otherwise account for 100 mg (2 x 50 mg Carpujects) of Meperidine.

b. Patient 2¹:

On August 30, 2006, Patient 2's doctor ordered 50 mg. of Meperidine and 3 mg of Midazolam, and Kaiser Medical Center's records revealed that a total of 50 mg of

¹ All patients are identified by numbers in order to preserve patient confidentiality. The medical record numbers of these patients will be disclosed pursuant to a request for discovery.

1 Meperidine and 5 mg of Midazolam were administered during the procedure. On the
2 Outpatient Controlled Drug Record, Respondent charted that she removed from the
3 medication cart 200 mg of Meperidine (4 x 50 mg Carpujects), and charted that she
4 wasted 50 mg (1 x 50 mg Carpuject) of Meperidine. The count prior to Respondent's
5 removing medication from the medication cart was ninety-eight Carpujects. Respondent
6 documented an ending count of ninety-four Carpujects, and failed to chart or otherwise
7 account for 100 mg (2 x 50 mg Carpujects) of Meperidine.

8 c. Patient 3:

9 On September 13, 2006, Patient 3's doctor ordered 125 mg of Meperidine
10 and 3 mg of Versed, and Kaiser Medical Center's records revealed that a total of 125 mg
11 of Meperidine and 5 mg of Versed were administered during the procedure. On the
12 Outpatient Controlled Drug Record, Respondent removed from the medication cart 250
13 mg (5 x 50 mg Carpujets) of Meperidine, and charted that she wasted 25 mg (.5 x 50 mg
14 Carpuject) of Meperidine. The count prior to Respondent's removing medication from the
15 medication cart was ninety-three Carpujects. Respondent documented an ending count of
16 eighty-eight Carpujects, and failed to chart or otherwise account for 100 mg (2 x 50 mg
17 Carpujects) of Meperidine.

18 d. Patient 4:

19 Patient 4 did not receive outpatient treatment at the Kaiser Medical
20 Center's GI Clinic in Oakland, California.

21 On September 13, 2006, at 1630 hours, Respondent removed from the
22 medication cart 200 mg (4 x 50 mg Carpujects) of Meperidine. On the Outpatient
23 Controlled Drug Record, Respondent charted that she administered 75 mg (1.5 x 50 mg
24 Carpujects) of Meperidine, and charted that she wasted 25 mg (.5 x 50 mg Carpuject) of
25 Meperidine. The count prior to Respondent's removing medication from the medication
26 cart was eighty-six Carpujects. Respondent documented an ending count of eighty-two,
27 and failed to chart or otherwise account for 200 mg (4 x 50 mg Carpujects) of Meperidine.

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1 e. Patient 5:

2 On September 27, 2006, Patient 5's doctor ordered 150 mg of Meperidine
3 and 6 mg of Versed, and Kaiser Medical Center's record revealed that 150 mg of
4 Meperidine and 6 mg of Versed were administered. On the Outpatient Controlled Drug
5 Record, Respondent charted that she removed 200 mg (4 x 50 mg Carpujects) of
6 Meperidine, and did not chart any waste. The count prior to Respondent's removing
7 medication from the medication cart was one-hundred Carpujects. Respondent
8 documented an ending count of ninety-six Carpujects, and failed to chart or otherwise
9 account for 50 mg (1 x 50 mg Carpuject) of Meperidine.

10 f. Patient 6:

11 On October 13, 2006, Patient 6's doctor ordered 5 mg of Versed and 125
12 mcg of Fentanyl, and Kaiser Medical Center's records revealed that 5 mg of Versed and
13 125 mcg of Fentanyl were administered. On the Outpatient Controlled Drug Record,
14 Respondent charted that she removed 300 mg (6 x 50 mg Carpujects) of Meperidine, and
15 charted the waste of 200 mg (4 x 50 mg Carpujects) of Meperidine. The count prior to
16 Respondent's removing the medication from the medication cart was ninety-two
17 Carpujects. Respondent documented an ending count of eighty-six Carpujects, and failed
18 to chart or otherwise account for 100 mg (2 x 50 mg Carpujects) of Meperidine.

19 On November 3, 2006, Respondent removed from the medication cart 400
20 mg (8 x 50 mg Carpujects) of Meperidine. However, Respondent charted on the
21 Outpatient Control Drug Record for the GI Clinic Room 6, that the Endoscopic
22 Retrograde Cholangiopancreatography Procedure (ERCP) was cancelled, and that she
23 wasted 300 mg (6 x 50 mg Carpujects) of Meperidine. The count prior to Respondent's
24 removing the medication from the medication cart was fifty-eight Carpujects. Respondent
25 documented the ending count of fifty Carpujects, and failed to chart administration or
26 otherwise account for 100 mg (2 x 50 mg Carpujects) of Meperidine.

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g. Patient 7:

On September 28, 2006, Patient 7's doctor ordered 75 mg of Meperidine and 2 mg of Versed, and Kaiser Medical Center's records revealed that 75 mg of Meperidine and 2 mg of Versed were administered. On the Outpatient Controlled Drug Record, Respondent removed 150 mg (3 x 50 mg Carpujects) of Meperidine, and charted wasting 25 mg (.5 x 50 mg Carpuject) of Meperidine. The count prior to Respondent's removing the medication from the medication cart was fifty-five Carpujects. Respondent documented an ending count of fifty-two Carpujects, and failed to chart or otherwise account for 50 mg (1 x 50 mg Carpuject) of Meperidine.

h. Patient 8:

On September 29, 2006, Patient 8's doctor ordered 5 mg of Versed and 125 mcg of Fentanyl, and Kaiser Medical Center's records revealed that 5 mg of Versed and 125 mcg of Fentanyl were administered. On the Outpatient Controlled Drug Record, Respondent removed 200 mg (4 x 50 mg Carpujects) of Meperidine, and charted that she administered 75 mg (1.5 x 50 mg Carpujects) of Meperidine, and wasted 25 mg (.5 x 50 mg Carpuject) of Meperidine. The count prior to Respondent's removing the medication from the medication cart was thirty-six Carpujects. Respondent documented an ending count of thirty-two Carpujects, and failed to chart or otherwise account for 200 mg (4 x 50 mg Carpujects) of Meperidine.

i. Patient 9:

On October 5, 2006, Patient 9's doctor ordered 100 mg of Meperidine and 4 mg of Versed, and Kaiser Medical Center's records revealed that 100 mg of Meperidine and 4 mg of Versed were administered. On the Outpatient Controlled Drug Record, Respondent removed 200 mg (4 x 50 mg Carpujets) of Meperidine, and charted that she administered 100 mg of (2 x 50 mg Carpujets) of Meperidine and that there was no waste. The count prior to Respondent's removing the medication from the medication cart was eighty-six Carpujets. Respondent documented an ending count of eighty-two Carpujects, and failed to chart or otherwise account for 100 mg (2 x 50 mg Carpujets) of Meperidine.

1 j. Patient 10:

2 On October 11, 2006, Patient 10's doctor ordered 75 mg of Meperidine and
3 1 mg of Versed, and Kaiser Medical Center's records revealed that 75 mg of Meperidine
4 and 1 mg of Versed were administered. On the Outpatient Controlled Drug Record,
5 Respondent removed 250 mg (5 x 50 mg Carpujets) of Meperidine, charted the
6 administration of 75 mg (1.5 x 50 mg Carpujets) of Meperidine, and wasted 25 mg (.5 x
7 50 mg Carpuject) of Meperidine. The count prior to Respondent's removing the
8 medication from the medication cart was sixty-one Carpujets. Respondent documented
9 an ending count of fifty-six Carpujets, and failing to chart or otherwise account for 150
10 mg (3 x 50 mg Carpujets) of Meperidine.

11 k. Patient 11:

12 On October 26, 2006, Patient 11's doctor ordered 175 mg of Meperidine, 9
13 mg of Versed, 50 mg of Benadryl and 100 mcg of Fentanyl, and Kaiser Medical Center's
14 records revealed that 175 mg of Meperidine, 7 mg of Versed, 25 mg of Benadryl and 50
15 mcg of Fentanyl were administered. On the Outpatient Controlled Drug Record,
16 Respondent removed 350 mg (7 x 50 mg Carpujets) of Meperidine, charted that she
17 administered 175 mg (3.5 x 50 mg Carpujets) of Meperidine and that she wasted 125 mg
18 (2.5 x 50 mg Carpujets) of Meperidine. The count prior to Respondent's removing the
19 medication from the medication cart was forty-seven Carpujets. Respondent documented
20 an ending count of thirty-six Carpujets, and failed to chart or otherwise account for 50
21 mg (1 x 50 mg Carpuject) of Meperidine.

22 l. Patient 12:

23 On October 27, 2006, Patient 12's doctor ordered 100 mg of Meperidine
24 and 2 mg of Versed, and Kaiser Medical Center's records revealed that 100 mg of
25 Meperidine and 2 mg of Versed were administered. On the Outpatient Controlled Drug
26 Record, Respondent removed 200 mg (4 x 50 mg Carpujets) of Meperidine, charted that
27 she administered 100 mg (2 x 50 mg Carpujets) of Meperidine, and did not chart any
28 waste. The count prior to Respondent's removing medication from the medication cart

1 was forty Carpujects. Respondent documented an ending count of thirty-six Carpujects,
2 and failed to chart or otherwise account for 100 mg (2 x 50 mg Carpujects) of Meperidine.

3 m. Patient 13:

4 On November 3, 2006, Patient 13's doctor ordered 70 mg of Meperidine
5 and 1 mg of Versed. On the Outpatient Controlled Drug Record, Respondent removed
6 150 mg (3 x 50 mg Carpujects) of Meperidine, and charted that she administered 75 mg
7 (1.5 x 50 mg Carpujects) of Meperidine, and that she wasted 25 mg (.5 x 50 mg
8 Carpuject) of Meperidine. The count prior to Respondent's removing medication from the
9 medication cart was sixty-one Carpujects. Respondent documented an ending count of
10 fifty-eight Carpujects, and failed to chart or otherwise account for 50 mg (1 x 50 mg
11 Carpuject) of Meperidine.

12 n. Patient 14:

13 On November 7, 2006, Patient 14's doctor ordered 275 mg of Meperidine
14 and 11 mg of Versed, and Kaiser Medical Center's records revealed that 275 mg of
15 Meperidine and 11 mg of Versed were administered. On the Outpatient Controlled Drug
16 Record, Respondent removed 500 mg (10 x 50 mg Carpujects) of Meperidine, charted that
17 she administered 275 mg (5.5 x 50 mg Carpujects) of Meperidine and that she wasted 125
18 mg (2.5 x 50 mg Carpujects) of Meperidine. The count prior to Respondent's removing
19 the medication from the medication cart was fifty Carpujects. Respondent documented an
20 ending count of forty Carpujects, and failed to chart or otherwise account for 100 mg (2 x
21 50 mg Carpujects) of Meperidine.

22 SECOND CAUSE FOR DISCIPLINARY ACTION

23 (Obtained, Possessed and Self-Administered Controlled Substance)

24 15. Complainant realleges the allegations set forth in Paragraph 14 above, which are
25 herein incorporated by reference as though full set forth. Respondent, by her own admission,
26 diverted thirty-one 50 mg Carpujects of Meperidine (Demerol) from her employer, Kaiser
27 Medical Center, for personal use during the approximate period between August 26, 2006 and
28 November 2006, on the occasions set forth above.

1 16. Respondent has subjected her license to discipline under section 2761(a) of the
2 Code on the grounds of unprofessional conduct, as defined by Code section 2762(a), in that, on
3 the occasions set forth above, she committed the following acts:

4 a. She obtained Meperidine (Demerol), a controlled substance, by fraud,
5 deceit, misrepresentation, or subterfuge, by taking the drugs from hospital supplies, in
6 violation of Health and Safety Code section 11173.

7 b. She possessed Meperidine (Demerol), a controlled substance, in violation
8 of Business and Professions Code section 4060.

9 c. She self-administered Meperidine (Demerol), a controlled substance, in
10 violation of Health and Safety Code section 11170.

11 THIRD CAUSE FOR DISCIPLINARY ACTION

12 (Used Controlled Substances to an Injurious Extent)

13 17. Complainant realleges the allegations set forth in Paragraphs 14-16 above, which
14 are herein incorporated by reference as though fully set forth.

15 18. Respondent has subjected her license to disciplinary action under section 2761(a)
16 of the Code on the grounds of unprofessional conduct as defined in Code section 2762(b), in that
17 Respondent used Demerol, a controlled substance on the occasions set forth above, to an extent
18 or in a manner dangerous to herself, any other person, or the public, and/or to the extent that such
19 use impaired her ability to conduct with safety to the public the practice authorized by her license,

20 MATTERS IN AGGRAVATION OF PENALTY

21 19. Complainant realleges the allegations set forth in paragraph 3 above, which are
22 herein incorporated by reference as though fully set forth. Complainant alleges, by way of
23 aggravation of any penalty to be imposed in this matter, that the previous disciplinary action,
24 involving similar charges, may be considered.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 513221, issued to Jill Limonoff, also known as known as Jill Renee Limonoff, also known as Jill Renee Vanvorhees, and also known as Jill Renee Vanvorhees Limonoff (Respondent);
2. Ordering Respondent to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
3. Taking such other and further action as deemed necessary and proper.

DATED: 11/2/09


LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

SF2009202204
CR: 10/21/09

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EXHIBIT A
DECISION AND ORDER
BOARD OF REGISTERED NURSING CASE NO. 2001-228

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

JILL RENEE LIMONOFF, AKA
JILL RENEE VANVORHEES, AKA
JILL RENEE VANVORHEES LIMONOFF
798 Wildcat Canyon Road
Berkeley, CA 94708-1555

Registered Nurse License No. 513221
LVN license No. 174996

Respondent.

Case No. 2001-228

OAH No. N2002070752

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on March 12, 2003

It is so ORDERED February 10, 2003

Sandra L. Kruckson

FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

BILL LOCKYER, Attorney General
of the State of California
FRED A. SLIMP II, State Bar No. 118693
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Attorneys for Complainant

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

JILL RENEE LIMONOFF, AKA
JILL RENEE VANVORHEES, AKA
JILL RENEE VANVORHEES LIMONOFF
798 Wildcat Canyon Road
Berkeley, CA 94708-1555

Registered Nurse License No. 513221

Respondent.

Case No. 2001-228

OAH No. N2002070752

STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the parties
to the above-entitled proceedings that the following matters are true:

PARTIES

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer
of the Board of Registered Nursing. She brought this action solely in her official capacity
and is represented in this matter by Bill Lockyer, Attorney General of the State of California,
by Fred A. Slimp II, Deputy Attorney General.

2. Respondent Jill R. Limonoff (Respondent) is represented in this
proceeding by attorney Robert F. Hahn, Esq., whose address is Gould & Hahn, 5801 Christie
Avenue, Suite 385, Emeryville, CA 94608.

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1 3. On or about July 26, 1995, the Board of Registered Nursing issued
2 Registered Nurse License No. 513221 to Jill R. Limonoff (Respondent). The license was in full
3 force and effect at all times relevant to the charges brought in Accusation No. 2001-228 and will
4 expire on February 28, 2003, unless renewed.

5 JURISDICTION

6 4. Accusation No. 2001-228 was filed before the Board of Registered
7 Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent.
8 The Accusation and all other statutorily required documents were properly served on Respondent
9 on February 21, 2001. Respondent timely filed her Notice of Defense contesting the Accusation.
10 A copy of Accusation No. 2001-228 is attached as Exhibit A and incorporated herein by
11 reference.

12 ADVISEMENT AND WAIVERS

13 5. Respondent has carefully read, fully discussed with counsel, and
14 understands the charges and allegations in Accusation No. 2001-228. Respondent has also
15 carefully read, fully discussed with counsel, and understands the effects of this Stipulated
16 Settlement and Disciplinary Order.

17 6. Respondent is fully aware of her legal rights in this matter, including
18 the right to a hearing on the charges and allegations in the Accusation; the right to be represented
19 by counsel at her own expense; the right to confront and cross-examine the witnesses against her;
20 the right to present evidence and to testify on her own behalf; the right to the issuance of
21 subpoenas to compel the attendance of witnesses and the production of documents; the right
22 to reconsideration and court review of an adverse decision; and all other rights accorded by
23 the California Administrative Procedure Act and other applicable laws.

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up
25 each and every right set forth above.

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1 CULPABILITY

2 8. Respondent admits that, as to the allegations contained in the First Cause
3 for Discipline in Accusation number 2001-228, she is guilty of repeated negligent acts within
4 the meaning of Code section 2761(a) and that, as to the allegations contained in the Second
5 Cause for Discipline in Accusation number 2001-228, she is guilty of gross negligence within
6 the meaning of Code section 2761(a)(1) as to paragraph 12(a) therein.

7 9. Respondent agrees that her Registered Nurse License is subject to
8 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the
9 Disciplinary Order below.

10 RESERVATION

11 10. The admissions made by Respondent herein are only for the purposes
12 of this proceeding, or any other proceedings in which the Board of Registered Nursing or other
13 professional licensing agency is involved, and shall not be admissible in any other criminal or
14 civil proceeding.

15 CONTINGENCY

16 11. This stipulation shall be subject to approval by the Board of Registered
17 Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the
18 Board of Registered Nursing may communicate directly with the Board regarding this stipulation
19 and settlement, without notice to or participation by Respondent or her counsel. By signing the
20 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
21 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
22 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
23 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any
24 legal action between the parties, and the Board shall not be disqualified from further action
25 by having considered this matter.

26 12. The parties understand and agree that facsimile copies of this Stipulated
27 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
28 force and effect as the originals.

1 13. In consideration of the foregoing admissions and stipulations, the parties
2 agree that the Board may, without further notice or formal proceeding, issue and enter the
3 following Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Registered Nurse License No. 513221 issued to
6 Respondent Jill Renee Limonoff is revoked. However, the revocation is stayed and Respondent
7 is placed on probation for two (2) years on the following terms and conditions.

8 **Severability Clause** - Each term and condition of probation contained herein
9 is a separate and distinct term and condition. If any term and condition of this Order, or any
10 application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder
11 of this Order, and all other applications thereof, shall not be affected. Each term and condition
12 of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

13 1. **Obey All Laws.** Respondent shall obey all federal, state and local laws.
14 A full and detailed account of any and all violations of law shall be reported by Respondent
15 to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of
16 compliance with this term, Respondent shall submit completed fingerprint cards and fingerprint
17 fees within 45 days of the effective date of the decision, unless previously submitted as part
18 of the licensure application process. Respondent shall submit a recent 2" x 2" photograph
19 of himself or herself within 45 days of the effective date of the final decision.

20 2. **Comply with Probation Program.** Respondent shall fully comply
21 with the terms and conditions of the Probation Program established by the Board and cooperate
22 with representatives of the Board in its monitoring and investigation of Respondent's compliance
23 with the Probation Program. Respondent shall inform the Board in writing within no more than
24 15 days of any address change and shall at all times maintain an active, current license status
25 with the Board, including during any period of suspension.

26 3. **Report in Person.** Respondent, during the period of probation, shall appear
27 in person at interviews/meetings as directed by the Board or its designated representatives.

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1 4. **Residency or Practice Outside of State.** Periods of residency or practice
2 as a registered nurse outside of California will not apply to the reduction of this probationary
3 term. Respondent must provide written notice to the Board within 15 days of any change of
4 residency or practice outside the state.

5 5. **Submit Written Reports.** Respondent, during the period of probation,
6 shall submit or cause to be submitted such written reports/declarations and verification of actions
7 under penalty of perjury, as required by the Board. These reports/declarations shall contain
8 statements relative to Respondent's compliance with all the terms and conditions of the Board's
9 Probation Program. Respondent shall immediately execute all release of information forms
10 as may be required by the Board or its representatives. Respondent shall provide a copy
11 of this decision to the nursing regulatory agency in every state and territory in which she has
12 a registered nurse license.

13 6. **Function as a Registered Nurse.** Respondent, during the period of
14 probation, shall engage in the practice of registered nursing in California for a minimum of 24
15 hours per week for 6 consecutive months or as determined by the Board.

16 For purposes of compliance with the section, "engage in the practice of registered
17 nursing" may include, when approved by the Board, volunteer work as a registered nurse,
18 or work in any non-direct patient care position that requires licensure as a registered nurse.

19 The Board may require that advanced practice nurses engage in advanced practice
20 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the
21 Board.

22 If Respondent has not complied with this condition during the probationary term,
23 and Respondent has presented sufficient documentation of her good faith efforts to comply
24 with this condition, and if no other conditions have been violated, the Board, in its discretion,
25 may grant an extension of Respondent's probation period up to one year without further hearing
26 in order to comply with this condition.

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1 7. **Employment Approval and Reporting Requirements.** Respondent
2 shall obtain prior approval from the Board before commencing any employment, paid or
3 voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all
4 performance evaluations and other employment related reports as a registered nurse upon request
5 of the Board.

6 Respondent shall provide a copy of this decision to her employer and immediate
7 supervisor prior to commencement of any nursing or other health care related employment.

8 Respondent shall notify the Board in writing within seventy-two (72) hours after
9 she obtains any nursing or other health care related employment, when such employment is not
10 as a registered nurse. Respondent shall notify the Board in writing within seventy-two (72)
11 hours after she is terminated from any registered nursing, other nursing, or other health care
12 related employment with a full explanation of the circumstances surrounding the termination.

13 8. **Supervision.** Respondent shall obtain prior approval from the Board
14 regarding Respondent's level of supervision and/or collaboration before commencing any
15 employment as a registered nurse.

16 Respondent shall practice only under the direct supervision of a registered nurse
17 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative
18 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)
19 are approved.

20 Respondent's level of supervision and/or collaboration may include, but is not
21 limited to the following:

22 (a) Maximum - The individual providing supervision and/or collaboration
23 is present in the patient care area or in any other work setting at all times.

24 (b) Moderate - The individual providing supervision and/or collaboration
25 is in the patient care unit or in any other work setting at least half the hours Respondent works.

26 (c) Minimum - The individual providing supervision and/or collaboration
27 has person-to-person communication with Respondent at least twice during each shift worked.

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1 (d) Home Health Care - If Respondent is approved to work in the home
2 health care setting, the individual providing supervision and/or collaboration shall have
3 person-to-person communication with Respondent as required by the Board each work day.
4 Respondent shall maintain telephone or other telecommunication contact with the individual
5 providing supervision and/or collaboration as required by the Board during each work day.
6 The individual providing supervision and/or collaboration shall conduct, as required by the
7 Board, periodic, on-site visits to patients' homes visited by Respondent with or without
8 Respondent present.

9 9. **Employment Limitations.** Respondent shall not work for a nurse's
10 registry, in any private duty position as a registered nurse, a temporary nurse placement agency,
11 or for an in-house nursing pool.

12 Respondent shall not work for a licensed home health agency as a visiting nurse
13 unless the registered nursing supervision and other protections for home visits have been
14 approved by the Board. Respondent shall not work in any other registered nursing occupation
15 where home visits are required.

16 Respondent shall not work in any health care setting as a supervisor of registered
17 nurses. The Board may additionally restrict Respondent from supervising licensed vocational
18 nurses and/or unlicensed assistive personnel on a case-by-case basis.

19 Respondent shall not work as a faculty member in an approved school of nursing
20 or as an instructor in a Board approved continuing education program.

21 Respondent shall work only on a regularly assigned, identified and predetermined
22 worksite(s) and shall not work in a float capacity.

23 If Respondent is working or intends to work in excess of 40 hours per week,
24 the Board may request documentation to determine whether there should be restrictions on the
25 hours of work.

26 10. **Complete a Nursing Course(s).** Respondent, at his or her own expense,
27 shall enroll and successfully complete a course(s) relevant to the practice of registered nursing
28 no later than six months prior to the end of his or her probationary term.

1 Respondent shall obtain prior approval from the Board before enrolling
2 in the course(s). Respondent shall submit to the Board the original transcripts or certificates
3 of completion for the above required course(s). The Board shall return the original documents
4 to respondent after photocopying them for its records.

5 11. **Cost Recovery.** Respondent shall pay to the Board costs associated
6 with its investigation and enforcement pursuant to Business and Professions Code Section 125.3
7 in the amount of five thousand dollars (\$5,000.00). Respondent shall be permitted to pay these
8 costs in a payment plan approved by the Board, with payments to be completed no later than
9 three months prior to the end of the probation term.

10 12. **Violation of Probation.** If Respondent violates the conditions of
11 her probation, the Board after giving Respondent notice and an opportunity to be heard, may set
12 aside the stay order and impose the stayed discipline of Respondent's license.

13 If during the period of probation, an accusation or petition to revoke probation
14 has been filed against Respondent's license or the Attorney General's Office has been requested
15 to prepare an accusation or petition to revoke probation against Respondent's license, the
16 probationary period shall automatically be extended and shall not expire until the accusation
17 or petition has been acted upon by the Board. Upon successful completion of probation,
18 Respondent's license will be fully restored.

19 13. **Physical Examination.** Within forty-five (45) days from the date
20 of the Board's decision herein, respondent, at her expense, shall have a licensed physician,
21 nurse practitioner, or physician assistant, who is approved by the Board before the assessment
22 is performed, submit an assessment of the respondent's physical condition and capability
23 to perform the duties of a registered nurse. Such an assessment shall be submitted in a format
24 acceptable to the Board. If medically determined, a recommended treatment program will be
25 instituted and followed by the respondent with the physician, nurse practitioner, or physician
26 assistant providing written reports on forms provided by the Board.

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1 If respondent is determined to be unable to practice safely as a registered nurse,
2 the licensed physician, nurse practitioner, or physician assistant making this determination shall
3 immediately notify both the Probation Program and respondent by telephone. Respondent shall
4 immediately cease practice and may not resume practice until notified in writing by the Probation
5 Monitor that she may engage in the practice of registered nursing. During this period of
6 suspension, respondent shall not engage in any practice for which a license issued by the Board
7 is required, until the Probation Monitor has notified respondent that a medical determination
8 permits respondent to resume practice.

9 14. **Mental Health Exam/Substance Abuse Assessment.** Respondent shall,
10 within forty-five (45) days from the date of the Board's decision herein, have a mental
11 examination including psychological testing as appropriate to determine her capability to
12 perform the duties of a registered nurse. The examination shall be performed by a licensed
13 psychiatrist, psychologist or other mental health practitioner, approved by the Board,
14 who has experience in the diagnosis and treatment of chemical dependency and alcoholism.
15 The examiner must submit a narrative report of the examination. All costs are the responsibility
16 of the respondent.

17 If respondent is determined to be unable to practice safely as a registered nurse,
18 the licensed mental health care practitioner making this determination shall immediately notify
19 both the Probation Program and respondent of this determination by telephone and respondent
20 shall immediately cease practice and may not resume practice until notified in writing by the
21 Probation Monitor that she may engage in the practice of registered nursing. During this period
22 of suspension, respondent shall not engage in any practice for which a license issued by the
23 Board is required, until the Probation Monitor has notified respondent that a mental health
24 determination permits respondent to resume practice.

25 If the examiner discovers that the respondent is or has been dependent upon drugs
26 or alcohol or has had problems with drugs or alcohol (i.e., drug dependence in remission or
27 alcohol dependence in remission), then the respondent must further comply with the following
28 additional terms and conditions of probation:

1 A. **Participate in Treatment/Rehabilitation Program for Chemical**
2 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary
3 period or shall have successfully completed prior to commencement of probation a Board-
4 approved treatment/rehabilitation program of at least six months. As required, reports shall be
5 submitted by the program on forms provided by the Board. If Respondent has not completed
6 a Board-approved treatment/rehabilitation program prior to commencement of probation,
7 Respondent, within a reasonable time approved by the Board, shall be enrolled in a program.
8 If a program is not successfully completed within the first nine months of probation, the Board
9 shall consider Respondent in violation of probation.

10 Based on Probation Program recommendation, each week Respondent shall be
11 required to attend at least one, but no more than five 12-step recovery meetings or equivalent
12 (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group
13 as approved and directed by the Board. If a nurse support group is not available, an additional
14 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed
15 documentation confirming such attendance to the Board during the entire period of probation.
16 Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation
17 program or a licensed mental health examiner and/or other ongoing recovery groups.

18 B. **Abstain from Use of Psychotropic (Mood-altering) Drugs.** Respondent
19 shall completely abstain from the possession, injection or consumption by any route of all
20 psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by
21 a health care professional legally authorized to do so and are part of documented medical
22 treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days,
23 by the prescribing physician or dentist, a report identifying the medication, dosage, the date
24 the medication was prescribed, Respondent's prognosis, the date the medication will no longer
25 be required, and the effect on the recovery plan, if appropriate.

26 Respondent shall identify for the Board a single physician, nurse practitioner
27 or physician assistant who shall be aware of Respondent's history of substance abuse and
28 will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled

1 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician
2 assistant shall report to the Board on a quarterly basis Respondent's compliance with this
3 condition. If any substances considered addictive have been prescribed, the report shall identify
4 a program for the time limited use of any such substances.

5 The Board may require the single coordinating physician, nurse practitioner,
6 or physician assistant to be a specialist in addictive medicine, or to consult with a specialist
7 in addictive medicine.

8 **C. Submit to Tests and Samples.** Respondent, at her expense, shall
9 participate in a random, biological fluid testing or a drug screening program which the Board
10 approves. The length of time and frequency will be subject to approval by the Board.
11 Respondent is responsible for keeping the Board informed of Respondent's current telephone
12 number at all times. Respondent shall also ensure that messages may be left at the telephone
13 number when she is not available and ensure that reports are submitted directly by the testing
14 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately
15 to the Board by the program and Respondent shall be considered in violation of probation.

16 In addition, Respondent, at any time during the period of probation, shall fully
17 cooperate with the Board or any of its representatives, and shall, when requested, submit to such
18 tests and samples as the Board or its representatives may require for the detection of alcohol,
19 narcotics, hypnotics, dangerous drugs, or other controlled substances.

20 If Respondent has a positive drug screen for any substance not legally authorized
21 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the
22 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent
23 from practice pending the final decision on the petition to revoke probation or the accusation.

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1 D. **Therapy or Counseling Program.** Respondent, at her expense, shall
2 participate in an on-going counseling program until such time as the Board releases her from
3 this requirement and only upon the recommendation of the counselor. Written progress reports
4 from the counselor will be required at various intervals.

5 During the suspension period, all probation terms are in full force and effect
6 except those relating to actual nursing practice.

7 15. **Early Application for Termination of Probation.** If the results of the
8 physical examination and mental health/substance abuse examination as required in paragraphs
9 13 and 14, respectively, above, indicate that respondent is physically capable of performing the
10 duties of a registered nurse and, further, demonstrate no mental condition which would or could
11 prevent her from being capable of performing the duties of a registered nurse and, finally, that
12 respondent is not in need of treatment, monitoring, or participation in relapse prevention support
13 groups for substance abuse, including alcohol abuse, then respondent shall be permitted to
14 petition for early termination of probation, all other required terms and conditions of probation
15 having be completed and/or performed to the Board's satisfaction prior thereto, no earlier than
16 one (1) year from the effective date of the Board's decision herein.

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1 ACCEPTANCE

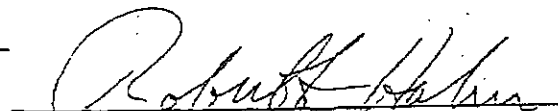
2 I have carefully read the above Stipulated Settlement and Disciplinary Order
3 and have fully discussed it with my attorney, Robert F. Hahn, Esq., and Gould & Hahn.
4 I understand the stipulation and the effect it will have on my Registered Nursing License. I enter
5 into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently,
6 and agree to be bound by the Decision and Order of the Board of Registered Nursing.

7
8 DATED: 12-2-02

9 
10 JILL RENEE LIMONOFF
Respondent

11 I have read and fully discussed with Respondent Jill R. Limonoff the terms
12 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
13 Order. I approve its form and content.

14
15 DATED: 12-2-02

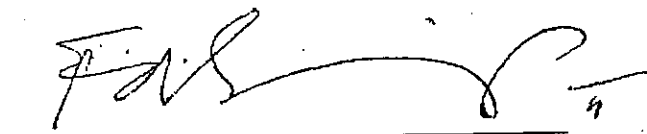
16 
17 ROBERT F. HAHN, ESQ.
Attorney for Respondent

18 ENDORSEMENT

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby
20 respectfully submitted for consideration by the Board of Registered Nursing of the Department
21 of Consumer Affairs.

22 DATED: 1-6-03

23 BILL LOCKYER, Attorney General
24 of the State of California

25 
26 FRED A. SLIMP II
27 Deputy Attorney General

28 Attorneys for Complainant

1 BILL LOCKYER, Attorney General
of the State of California
2 KAREN L. DONALD, State Bar No. 166437
Deputy Attorney General
3 California Department of Justice
1515 Clay Street, Suite 2000
4 Oakland, California 94612
Telephone: (510) 622-2202
5 Facsimile: (510) 622-2121
6 Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 2001-228

12 **JILL RENEE LIMONOFF, AKA**
13 **JILL RENEE VANVOORHEES, AKA**
JILL RENEE VANVOORHEES LIMONOFF
798 Wildcat Canyon Road
14 Berkeley, CA 94708

A C C U S A T I O N

15 Registered Nurse License No. 513221

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation solely
21 in her official capacity as the Executive Officer of the Board of Registered Nursing, Department
22 of Consumer Affairs.

23 2. On or about July 26, 1995, the Board of Registered Nursing ("Board") issued
24 registered nurse license number 513221 to Jill Renee Vanvoorhees, with a subsequent name
25 change to Jill Renee Limonoff ("Respondent"), also known as Jill Renee Vanvoorhees Limonoff.
26 The license was in full force and effect at all times relevant to the charges brought herein and
27 will expire on February 28, 2001, unless renewed.

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STATUTORY PROVISIONS

3. Section 2750 of the Business and Professions Code ("Code") states, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 of the Nursing Practice Act.

4. Section 2764 of the Code states, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

5. Section 2811(b) of the Code states, in pertinent part, that the Board may renew an expired license at any time within eight years after the expiration.

6. Section 2761 of the Code states the board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for unprofessional conduct.

7. Section 2762 of the Code states that in addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

.....
(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.

8. Section 11173(a) of the Health and Safety Code states that no person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the

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administration of or prescription for controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

9. Section 125.3 of the Code states, in pertinent part, that a Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

10. Drugs

a. "Demerol," a brand of meperidine hydrochloride, a derivative of pethidine, is a Schedule II controlled substance as designated by Health and Safety Code section 11055(c)(17).

FIRST CAUSE FOR DISCIPLINE

(False, or Grossly Incorrect and Grossly Inconsistent Entries in Records Pertaining to Controlled Substances or Dangerous Drugs)

11. Respondent is subject to disciplinary action under section 2761(a) of the Code on the grounds of unprofessional conduct, within the meaning of section 2762(e) of the Code, in that between the approximate period of March 4, 1998 to on or about March 25, 1998, while on duty as a registered nurse at Alta Bates Medical Center in Berkeley, California, respondent falsified and/or made grossly incorrect and grossly inconsistent entries in hospital and patient records, in the following respects:

a. 59-Year-Old Female Patient (MR No. 305986)

| <u>Date/Time Drug Signed Out</u> | <u>Medication/ Amount Obtained</u> | <u>Documentation in Hospital or Patient Records</u> |
|--------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3/4/98/5:28 p.m. | Demerol/75 mg. | Charted, on the patient's medication administration record, the administration of 75 mg. of Demerol, at 5:10 p.m., which is prior to the time that she signed out the drug for the patient. |
| 3/4/98/8:14 p.m. | Demerol/75 mg. | Charted her initials, at 8:15 p.m., on the patient's medication administration record, but failed to document the dosage that she administered and failed to otherwise account for the disposition of 75 mg. |

of Demerol; and also obtained the drug without a physician's order, as the physician discontinued the drug on 3/4/98 at 6:00 p.m.

3/4/98/Unknown Demerol/75 mg.

Charted at 11:30 p.m. on the patient's medication administration record, but failed to document the dosage that she administered and failed to otherwise account for the disposition of 75 mg. of Demerol; and also obtained the drug without a physician's order, as the physician discontinued the drug on 3/4/98, at 6:00 p.m.

3/5/98/5:08 p.m. Demerol/75 mg.

Failed to document the administration of the drug and failed to otherwise account for the disposition of 75 mg. of Demerol; and also obtained the drug without a physician's order, as the physician discontinued the drug on 3/4/98, at 6:00 p.m.

3/5/98/8:26 p.m. Demerol/75 mg.

Failed to document the administration of the drug and failed to otherwise account for the disposition of 75 mg. of Demerol; and also obtained the drug without a physician's order, as the physician discontinued the drug on 3/4/98, at 6:00 p.m.

3/5/98/11:25 p.m. Demerol/75 mg.

Failed to document the administration of the drug and failed to otherwise account for the disposition of 75 mg. of Demerol; and also obtained the drug without a physician's order, as the physician discontinued the drug on 3/4/98, at 6:00 p.m.

b. 84-Year-Old Male Patient (MR No. 342005)

| <u>Date /Time</u> | <u>Medication/ Amount Obtained</u> | <u>Documentation in Hospital or Patient Records</u> |
|-------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3/12/98/3:33 p.m. | Demerol/100 mg. | Charted her initials, at 3:30 p.m. (3 minutes prior to the time that she signed out for the drug), on the medication administration record, but failed to document the dosage that she administered and failed to |

otherwise account for the disposition of 100 mg. of Demerol. The patient was assigned to another nurse and did not need or receive the drug.

3/12/98/10:02 p.m. Demerol/100 mg. Failed to document the administration of the drug and failed to otherwise account for the disposition of 100 mg. of Demerol. The patient was assigned to another nurse and did not need or receive the drug.

c. 43-Year-Old Male Patient (MR No. 539900)

| <u>Date /Time</u> | <u>Medication/ Amount Obtained</u> | <u>Documentation in Hospital or Patient Records</u> |
|-------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 3/24/98/5:11 p.m. | Demerol/50 mg. | Failed to document and failed to otherwise account for the disposition of 50 mg. of Demerol. The patient was assigned to another nurse. |

d. 83-Year-Old Female Patient (MR No. 583624)

| <u>Date /Time</u> | <u>Medication/ Amount Obtained</u> | <u>Documentation in Hospital or Patient Records</u> |
|--------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3/23/98/11:00 p.m. | Demerol/50 mg. | Failed to document the administration of the drug and failed to otherwise account for the disposition of 50 mg. of Demerol. The patient was assigned to another nurse who, at 10:30 p.m. (30 minutes prior to the time respondent signed out 50 mg. of Demerol for the patient), documented the administration of Zolpidem (Ambien 5 mg. tab.) to the patient. |
| 3/24/98/8:42 p.m. | Demerol/50 mg. | Failed to document the administration of the drug and failed to otherwise account for the disposition of 50 mg. of Demerol. The patient was assigned to another nurse who, at 8:45 p.m., documented the administration of Vicodin to the patient. |

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1 e. 35-Year-Old Female Patient (MR No. 605773)

| 2 <u>Date /Time</u> | 3 <u>Medication/ Amount Obtained</u> | 4 <u>Documentation in Hospital or Patient Records</u> |
|---------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 3/25/98/5:05 p.m. | 6 Demerol/50 mg. | 7 Failed to document the 8 administration of the drug and failed 9 to otherwise account for the 10 disposition of 50 mg. of Demerol. 11 The patient was assigned to another 12 nurse who, at 5:00 p.m. (5 minutes 13 prior to the time respondent signed 14 out for the drug), documented the 15 administration of 50 mg. of Demerol 16 to the patient. |

17 SECOND CAUSE FOR DISCIPLINE

18 (Incompetence or Gross Negligence)

19 12. Respondent is subject to disciplinary action under section 2761(a)(1) of the
20 Code, in that, in or about March 1998, while on duty as a registered nurse at Alta Bates Medical
21 Center in Berkeley, California, she was guilty of unprofessional conduct, in the following
22 respects:

23 a. In or about March 1998, she failed to follow the hospital policy by disclosing
24 her confidential code for the medication system to other nurses.

25 b. Between the approximate period of March 12, 1998 to on or about March 25,
26 1998, she signed out for approximately 400 mg. of Demerol for patients, as set forth in
27 paragraph 11, subparagraphs b. through e. above, who were not her assigned patients.

28 THIRD CAUSE FOR DISCIPLINE

(Unlawfully Obtaining a Controlled Substance or Dangerous Drug)

13. Respondent is subject to disciplinary action under section 2761(a) of the
Code on the grounds of unprofessional conduct, within the meaning of section 2762(a) of the
Code, in that, on or about March 4, 1998 and March 5, 1998, while on duty as a registered nurse
at Alta Bates Medical Center in Berkeley, California, she obtained approximately 375 mg. of
Demerol, by fraud, deceit, misrepresentation, subterfuge, or by concealment of a material fact, in
violation of Health and Safety Code section 11173(a), by representing on the hospital's and

1 patient's record that she obtained the drug for a 59-year-old female patient (MR No. 305986)
2 when, in fact, on March 4, 1998, at 6:00 p.m., the physician discontinued the Demerol
3 prescription for the patient.

4 PRAYER

5 WHEREFORE, Complainant requests that a hearing be held on the matters herein
6 alleged, and that following the hearing, the Board of Registered Nursing make an order:

7 1. Revoking or suspending registered nurse license number 513221, issued to Jill
8 Renee Limonoff, also known as Jill Renee Vanvoorhees and Jill Renee Vanvoorhees Limonoff;

9 2. Ordering Jill Renee Limonoff to pay the Board of Registered Nursing the
10 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
11 Professions Code section 125.3;

12 3. Taking such other and further action as deemed necessary and proper.

13 DATED: 2/8/01

14
15
16 *Ruth Ann Terry for*
17 RUTH ANN TERRY, M.P.H., R.N.
18 Executive Officer
19 Board of Registered Nursing
20 Department of Consumer Affairs
21 State of California

22 Complainant

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